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| FORM PTO-1390<br>MODIFIED  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | ATTORNEY'S DOCKET NUMBER<br><b>550-594</b>   |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371   |   | U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>10/509083</b><br>(unassigned) |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/GB03/01255</b>   | INTERNATIONAL FILING DATE<br><b>24 March 2003</b>       | PRIORITY DATE CLAIMED<br><b>28 March 2002</b>  |
| TITLE OF INVENTION<br><b>BEARING</b>   |   |  |
| APPLICANT(S) FOR DO/EO/US<br><b>SPIKES</b>   |   |  |
| <p>Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:</p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li><input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li><input type="checkbox"/> The U.S. has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>A copy of the International Application as filed (35 U.S.C. 371(c)(2)).             <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> is attached hereto (25 pages specification, claims &amp; abstract (26 claims), 10 sheets drawings).</li> <li><input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li><input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li><input type="checkbox"/> An English language translation             <ol style="list-style-type: none"> <li><input type="checkbox"/> of the International Application as filed (35 U.S.C. 371(c)(2)) is attached hereto (        pages specification, claims &amp; abstract (        claims),        sheets drawings,        page Certificate of Translation).</li> <li><input type="checkbox"/> of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. § 371(c)(5)).</li> </ol> </li> <li><input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li><input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li><input type="checkbox"/> have been communicated by the International Bureau.</li> <li><input type="checkbox"/> have not been made; however, the time limit for making such amendments has <b>NOT</b> expired.</li> <li><input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li><input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li> <ol style="list-style-type: none"> <li><input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li><input type="checkbox"/> Declaration was submitted to the International Bureau during International Phase (see copies of Declaration (        page Form PCT/RO/101 and Form PCT/IB/371 and first page of printed publication acknowledging receipt thereof attached).</li> </ol> </li> <li>See item 6.b. above.<br/><b>Items 11 To 20 below concern document(s) or information included:</b> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</li> <li><input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 C.F.R. 3.28 and 3.31 is included.</li> <li><input checked="" type="checkbox"/> A FIRST preliminary amendment.</li> <li><input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</li> <li><input type="checkbox"/> A substitute specification.</li> <li><input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li><input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.</li> <li><input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li><input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li><input checked="" type="checkbox"/> Other items or information. International Search Report and PTO Form 1449</li> </ol> </li> </ol> |   |  |

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| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.55)<br><b>10/509083</b><br>(unassigned) | INTERNATIONAL APPLICATION NO.<br><b>PCT/GB03/01255</b> | ATTORNEY'S DOCKET NUMBER<br><b>550-594</b> |
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| 21. <input checked="" type="checkbox"/> The following fees are submitted:<br><b>BASIC NATIONAL FEE (37 C.F.R. 1.492(a)(1)-(5):</b><br>-- Neither international preliminary examination fee (37 C.F.R. 1.482) nor international search fee (37 C.F.R. 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO.....\$1080.00<br>-- International preliminary examination fee (37 C.F.R. 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO .....\$920.00<br>-- International preliminary examination fee (37 C.F.R. 1.482) not paid to USPTO but international search fee (37 C.F.R. 1.445(a)(2)) paid to USPTO.....\$770.00<br>-- International preliminary examination fee (37 C.F.R. 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) .....\$730.00<br>-- International preliminary examination fee (37 C.F.R. 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) .....\$100.00<br><br><div style="text-align: right;"><b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b></div> <div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">920.00</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> </div> </div> Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(e)).<br><div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">130.00</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;"> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;"></th> </tr> <tr> <td>Total Claims</td> <td>26</td> <td>minus 20 =</td> <td>6</td> <td>X \$18.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>minus 3 =</td> <td>0</td> <td>X \$86.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIMS(S) (if applicable)</td> <td>\$290.00</td> <td></td> </tr> <tr> <td colspan="4">Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$ 1158.00</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td>\$ 1158.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00, for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).</td> <td style="text-align: center;">+</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td>\$ 1158.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 C.F.R. 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 C.F.R. 3.28, 3.31). \$40.00 per property</td> <td style="text-align: center;">+</td> </tr> <tr> <td colspan="4">Fee for Petition to Revive Unintentionally Abandoned Application (\$1330.00 - Small Entity = \$665.00)</td> <td style="text-align: center;">+</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$ 1158.00</td> </tr> <tr> <td colspan="4"></td> <td>Amount to be:</td> </tr> <tr> <td colspan="4"></td> <td>refunded \$</td> </tr> <tr> <td colspan="4"></td> <td>Charged \$</td> </tr> </table> | CLAIMS       | NUMBER FILED | NUMBER EXTRA | RATE          |  | Total Claims | 26 | minus 20 = | 6 | X \$18.00 | Independent Claims | 3 | minus 3 = | 0 | X \$86.00 | MULTIPLE DEPENDENT CLAIMS(S) (if applicable) |  |  | \$290.00 |  | Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months) |  |  |  |  | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ 1158.00 | <input type="checkbox"/> Applicant claims small entity status. 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|---|--------------|--------------|--------------|---------------|--|--------------|----|------------|---|-----------|--------------------|---|-----------|---|-----------|--|--|--|----------|--|--|--|--|--|--|--------------------------------------|--|--|--|------------|--|--|--|--|--|-------------------|--|--|--|------------|--|--|--|--|---|-----------------------------|--|--|--|------------|--|--|--|--|---|--|--|--|--|---|------------------------------|--|--|--|------------|--|--|--|--|---------------|--|--|--|--|-------------|--|--|--|--|------------|----------------------------------|
| CLAIMS  | NUMBER FILED | NUMBER EXTRA | RATE         |               |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| Total Claims  | 26           | minus 20 =   | 6            | X \$18.00     |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| Independent Claims  | 3            | minus 3 =    | 0            | X \$86.00     |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| MULTIPLE DEPENDENT CLAIMS(S) (if applicable)  |              |              | \$290.00     |               |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
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| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |              |              | \$ 1158.00    |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |              |              |              |               |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| <b>SUBTOTAL =</b>   |              |              |              | \$ 1158.00    |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| Processing fee of \$130.00, for furnishing the English Translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 C.F.R. 1.492(f)).  |              |              |              | +             |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| <b>TOTAL NATIONAL FEE =</b>   |              |              |              | \$ 1158.00    |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
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| Fee for Petition to Revive Unintentionally Abandoned Application (\$1330.00 - Small Entity = \$665.00)  |              |              |              | +             |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
| <b>TOTAL FEES ENCLOSED =</b>  |              |              |              | \$ 1158.00    |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
|   |              |              |              | Amount to be: |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
|   |              |              |              | refunded \$   |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |
|   |              |              |              | Charged \$    |  |              |    |            |   |           |                    |   |           |   |           |  |  |  |          |  |  |  |  |  |  |                                      |  |  |  |            |  |  |  |  |  |                   |  |  |  |            |  |  |  |  |   |                             |  |  |  |            |  |  |  |  |   |  |  |  |  |   |                              |  |  |  |            |  |  |  |  |               |  |  |  |  |             |  |  |  |  |            |                                  |

  

a. ☒ A check in the amount of \$1158.00 to cover the above fees is enclosed.

b. ☐ Please charge my Deposit Account No. 14-1140 in the amount of \$\_\_\_\_\_ to cover the above fees. A duplicate copy of this form is enclosed.

c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1140. A duplicate copy of this form is enclosed.

d. ☒ The entire content of International Application No. **PCT/GB03/01255** and any U.S. and foreign application(s) corresponding thereto, and GB 0207426.8, referred to in this application is/are hereby incorporated by reference in this application.

**NOTE: Where an appropriate time limit under 37 C.F.R. 1.494 or 1.495 has not been met, a petition to revive (37 C.F.R. 1.137(a) or (b)) must be filed and granted to restore the application to pending status.**

**CORRESPONDENCE ADDRESS**  
 Direct all correspondence to:

☒ **Customer Number:**

**23117**

Place Customer Number Bar Label Here

Type Customer Number here

Telephone: (703) 816-4000  
 SCS:kmm

Stanley C. Spooner  
 NAME

**27,393**  
 REGISTRATION NUMBER

**September 28, 2004**  
 Date